

MILITARY INTERACTION WITH NONGOVERNMENTAL ORGANIZATIONS:
A COMPARISON OF MEDICAL LOGISTICS

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The opinions and conclusions expressed herein are those of the student author and do not necessarily represent the views of the U.S. Army Command and General Staff College or any other governmental agency. (References to this study should include the foregoing statement.)

ABSTRACT

MILITARY INTERACTION WITH NONGOVERNMENTAL ORGANIZATIONS: A COMPARISON OF MEDICAL LOGISTICS, by MAJ Mark J. Dole, 70 pages.

The U.S. Army must develop leaders that understand the emerging global trends in which national security depends upon the full spectrum of operations and the relationship with nongovernmental organizations (NGO). By comparing the medical logistics capabilities of the military and private relief organizations, this essay addressed the question: How should U.S. Commanders plan to use military assets to support the medical logistics activities of NGOs in future foreign humanitarian assistance (FHA) operations?

Ultimately, this research confirmed that the military has a limited and defined role in relief operations. The military's contributions to FHA must concentrate on its unique capabilities and seek a rapid transition to civilian authorities. Concerning medical logistics, the difference in missions and scope of operations indicated that the intersection between the military and NGOs is inappropriate except for rare situations. Nevertheless, understanding the goals and capabilities of NGOs is imperative because effective coordination with non-military organizations is vital to humanitarian emergencies, support operations, and stability operations. Detailed research into the procedures of NGOs provided insight into the military planning requirements for future operations and clarified the concepts surrounding military-civilian interaction.

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CHAPTER 1

INTRODUCTION

Published in the wake of Operation Enduring Freedom, the National Security Strategy specifically cites the importance of working with the United Nations and nongovernmental organizations (NGO) in the complex task of rebuilding Afghanistan (The White House, 2002). The International Committee of the Red Cross (ICRC) has provided humanitarian assistance programs in Afghanistan since 1986. After the September 11, 2001 attacks and the beginning of Operation Enduring Freedom, the ICRC has provided emergency aid to over a half a million people in Afghanistan. The ICRC resumed and expanded services that provide surgical care at six hospitals, logistical support at 19 hospitals, and operation of six orthopedic centers (ICRC, 2002b). Unquestionably, the ICRC has had a tremendous impact on the people of Afghanistan and on U.S. national interests in that region.

This example illustrates two points that are fundamental in this study; the ability of NGOs to deliver healthcare in troubled areas, and the impact NGOs have on the ultimate success of U.S. military operations. As stated in Army Field Manual 8-4.2 *Combat Health Support in Stability and Support Operations*, the challenges faced in stability and support operations are so “ . . . complex and of such magnitude that no single agency can overcome them” (Department of the Army, 1997, 1-2). Emerging trends in national security demand success in the full spectrum of operations and effective relationships with relief organizations. Therefore, a study comparing the medical logistics capabilities of the military and NGOs is relevant to the Army as it

prepares to succeed in the contemporary operations environment. This leads to the primary research question: How should U.S. commanders plan to use their military capabilities to support the medical logistics activities of NGO in future Foreign Humanitarian Assistance (FHA)? In order to reach a complete answer, the research examined the requirements, capabilities, and shortfalls of medical logistics in the U.S. Army and NGOs.

Background

The horrors Henri Dunant witnessed at the Battle of Solferino compelled him to argue that States should “ . . . formulate some international principle, sanctioned by a convention, inviolate in character, which, once approved and ratified, might serve as the basis for societies for the relief of the wounded (The New Encyclopedia Britannica 15th ed., s.v. “Red Cross and Red Crescent” 982). Dunant’s book, *A Memory of Solferino*, led to the first Geneva Convention in 1864 and was the beginning of perhaps the most recognizable non-governmental relief organization, the Red Cross. Today the Red Cross and thousands of NGOs provide humanitarian aid in countries around the globe. In all 2,143 NGOs have consultative status with the United Nations (United Nations, 2002). NGOs provide a wide-range of services that are essential to meeting the needs of civilian populations, alleviating human suffering, and pursuing meaningful resolution to conflict and crisis. The need for the military to coordinate effectively with NGOs is well documented and, for the Army, this need is increasing.

Since the fall of the Berlin Wall in 1989, the Army has reduced its personnel by a third yet increased deployments by 300 percent (Shinseki, 2000). These deployments are primarily stability and support operations that, in accordance with Army doctrine, rely on

the assistance of civilian organizations for both immediate success and long-term resolution (Department of the Army, 2001a). There are significant barriers between the military and civilian organizations due to differences in mission, capabilities, and culture. Nevertheless, the current and projected trends will demand close interaction. The Army's future vision emphasizes success in the full spectrum of operations, implying its continued involvement in FHA. The need for collaboration with civilians is especially relevant to services such as healthcare.

Providing supplies and services to all levels of care, from the foxhole to the medical center, medical logistics is the foundation for healthcare operations and critical to all military operations. At times, medical logistics not only provide protection for soldiers but also is the primary mission of the operation. For example, medical logistics was the primary function of Operation Provide Hope IV in 1994. In that stability operation, military experts packed, distributed, and installed over \$20 million dollars worth of medical supplies and equipment to hospitals in Belarus, Moldova, and Kazakhstan (U.S. Air Force Europe, 1997).

A distinctive characteristic of medical logistics is its close tie to civilian industry and civilian business practices. In that regard, the Army is seeking to gain efficiency and minimize the number of medical logistics assets. For example, the Main Support Battalion no longer has a medical supply officer nor robust medical supply and distribution capability. The medical logistics planning functions have moved to the Medical Brigade and physical capabilities are retained in corps level units. Another example was the reduction of Medical Logistics Battalions to Medical Logistics Companies. These changes are possible due to the accuracy of new business practices and

information technology that reduce inventory and store-keeping requirements. In support of the Army's vision of a more deployable and agile force, the U.S. Army Medical Department (AMEDD) has the clear and valid goal of reducing the size of medical units in the theater of operations. However, decisions should not be made solely on the goal to reduce the size and cost of combat service support. The past roles and future requirements for combat health support in FHA must be considered. Commanders must ensure that medical logistics capabilities can match the requirements of future missions.

Research Overview

The research is presented in three logical steps in order to answer the primary research question: How should U.S. commanders plan to use their military capabilities to support the medical logistics activities of NGOs in future FHA? First, the literature review will describe the environment that is pertinent to the healthcare operations of both military and nongovernmental organizations. An examination of current literature will address two areas; the importance of effective coordination with NGOs to national security and military objectives; and the nature of this interaction from the perspectives of the military and of private organizations. Second, the mission, capabilities and requirements of the medical logistics activities in the Army and three selected NGOs were described using primary document. The third step synthesized the information gained from these organizations and presented conclusions.

Ultimately, this research confirmed that the military has a limited and defined role in relief operations. The military's contributions to FHA must concentrate on its unique capability and seek a rapid transition to civilian authorities. Concerning medical logistics, the difference in missions and scope of operations indicated that the intersection between

the military and NGOs may be inappropriate except for rare situations. Nevertheless, understanding the goals and capabilities of NGOs is imperative because effective coordination with non-military organizations is vital to humanitarian emergencies and stability operations. The research concluded that the military's non-medical capabilities, such as transportation and engineering, are the most important contributions to the medical logistic activities of NGOs. Additionally, because of the complex planning required in relief operations, the research concluded that additional training programs are required to improve interagency coordination.

Assumptions

This project is based upon three assumptions. Foremost, NGOs will continue to be an important influence to U.S. Foreign Policy and National Security Strategy. Subsequently, the assumption is made that the interaction between the U.S. military and private organizations will continue to be an important element of FHA. Second, the U.S. Army Transformation will continue to prepare for operations across the full-spectrum of operations. Therefore, the medical logistics capabilities of the Army must address both combat health support to soldiers and potential involvement in civil-military operations. Third, the research assumes that the knowledge gained by examining a small number of NGOs can be applied in future operations. There is neither time nor space to examine all NGOs. The qualitative research methods supporting this assumption are explained in Chapter Three.

Definitions

The following definitions are provided to clarify the use of important terms used in this research. Although consistent with U.S. Army doctrine, these definitions emphasize the elements most relevant to this project.

Medical logistics. Medical logistics is the capability to establish and sustain healthcare operations through the functions of medical materiel management, medical equipment maintenance, blood storage and distribution, medical gas distribution, optical fabrication, facilities management, and contract management. This definition is consistent with the U.S. Army Field Manual 4-02.1 *Combat Health Logistics* but is applicable to civilian healthcare organizations as well.

Nongovernmental organizations (NGO). The term NGO refers to a large number of transnational organizations of private citizens that provide a wide range of development and relief activities. The NGO may be formed as a charitable foundation, business, professional association, or simply a group with a common interest in humanitarian assistance. Due to the variety of missions and structures, NGOs defy categorization. In accordance with Department of Defense Joint Publication 3.0 *Joint Operations*, the military only recognizes NGOs that have a consultative status with the Economic and Social Council of the United Nations (Department of Defense, 2001a, GL-4). In order to communicate accurately, this project adopts a similar convention. Throughout this paper, the term NGO only refers to those organizations that are acknowledged by the United Nations and that provide medical services. The ICRC is frequently recognized as an International Organization, not an NGO, for reasons discussed later. For simplicity, this paper refers to the ICRC as an NGO.

Private voluntary organizations (PVO). PVOs are private, nonprofit humanitarian assistance organizations. The term private voluntary organization is often used synonymously with nongovernmental organizations. However, PVO typically refers to organizations that are based in the United States of America (Department of Defense, 2001b, GL-5). This document will use the term NGO and will not distinguish between the nationality of the organization except where it is relevant to the discussion.

Full Spectrum Operations. Full spectrum operations are the range of operations Army forces conduct in war and military operations other than war (Department of the Army, 2001a, par. 1-48). These missions include any combination of offensive, defensive, support, or stability operations. Although operations other than war are commonly associated with NGOs, it is important to consider that all significant military operations will employ the full spectrum of operations and demand interaction with NGOs.

Foreign Humanitarian Assistance (FHA). In accordance with Joint Publication 3-07.6 *Tactics, Techniques, and Procedures for Foreign Humanitarian Assistance*, FHA is a type of military operations other than war conducted outside the United States and its territories and possessions. The purpose is to relieve or reduce the results of natural or manmade disasters or other endemic conditions such as human suffering, disease, or privation that might present a serious threat to life or loss of property (Department of Defense, 2001b, viii). For the purpose of this study, the reference to FHA is consistent with reference to complex humanitarian emergencies often found in civilian literature. It is also consistent with support operations and certain stability operations described in U.S. Army Field Manual 3.0 *Operations*.

Support and Stability Operations. Stability operations employ diverse military activities in order to promote and protect U.S. national interests by influencing the political, military, or social environment. These activities include cooperative actions such as humanitarian aid, military exercises, or peacekeeping operations, and coercive actions such as support to insurgencies, combating terrorism, or peace enforcement operations. By their complex nature, these operations often require long-term or continuous commitments. In accordance with Army doctrine, stability operations provide Combatant Commanders with flexible options that promote the goals of theater engagement plans and national strategy (Department of the Army, 2001a, ch. 9). Support operations use military forces to assist civil authorities, foreign or domestic, by providing specialized support or resources that aid in situations or disasters that exceed local capabilities. Support operations include relief operations, support to civil law enforcement, consequence management of the effects of weapons of mass destruction, and community assistance projects that promote effective military-civilian relationships. In accordance with doctrine, support operations are limited in scope and duration. The purpose of support operations is to satisfy the immediate needs created by man-made or natural disasters and then transition operations to the appropriate civilian authority (Department of the Army, 2001a, ch. 10).

U.S. Commanders. The term U.S. Commanders used in the primary research question and throughout this project refers to Joint Task Force Commanders (JTF) or Combined Joint Task Force Commanders (CJTF) assigned to a future operation. The JTF or CJTF Commander is ultimately responsible for accomplishment of the mission that, as discussed subsequently, relies heavily upon effective interagency and civil-military

coordination. The details of this research target the commander's staff officers who plan the medical and civil-military operations.

Army Transformation. Army Transformation is a concept first released in the 1999 Army Vision Statement that describes an aggressive 30-year plan to leverage technology and prepare the Army for the challenges of the 21st century. Army Chief of Staff, General Eric K. Shinseki wrote, "The Army must transform itself into a force capable of dominating at every point on the spectrum of operations. The Army's Transformation Strategy will result in an Objective Force that is more responsive, deployable, agile, versatile, lethal, survivable, and sustainable than the present force" (Shinseki, 2000).

Limitations

The study was limited by the investigators level of experience in conducting independent research as well as by time and funds available to conduct the study.

Delimitations

The research includes a comparison of the U.S. Army medical logistics capability with three selected NGOs. Excluding the other services and a statistically significant sample of NGOs is an intuitive decision and does not hinder the validity of the conclusions. First, the research will focus upon the assets of the Army because of the expertise of the author and because of the limited scope of the project. Additionally, the medical system in the Department of Defense is increasingly a joint system with common policies and capabilities. Conclusions drawn from this project can be accurately applied to another branch of service. Second, the research is limited to a detailed examination of only three NGOs; International Committee of the Red Cross (ICRC), Medecins Sans

Frontieres (MSF), and Catholic Relief Services (CRS). The methodology for the selection and analysis of three NGOs is described in Chapter Three. As noted previously, the large number and variety of NGOs defies categorization: a meaningful delimitation is necessary for research.

Significance

The challenges of delivering healthcare in areas of crisis and conflict is a compelling topic. In that regard, the value of this research is self-evident to professional healthcare executives that control resource and material management. As discussed in the subsequent literature review, although the missions of NGOs are well documented, clarifying their business practices required research. Therefore, the presentation of data concerning medical logistics may provide some new or uncommon insight. More importantly, the comparison of military and NGO business practices will be of significant interest to the targeted audience; commanders and staff officers planning FHA; Army officers specializing in medical logistics; and healthcare executives involved with relief efforts. This research explores the potential use of medical logistics to advance strategic and operational objectives, and attempts to clarify evolving civilian-military affairs doctrine. It is timely not only because of the increased number of deployments, but also because of the rapid changes in the nature of the deployments. The contemporary operating environment and the Army Transformation are demanding changes to force structure and doctrine. The trends in national security are demanding changes in civilian-military affairs. In order to prepare for future FHA, commanders must understand both the capabilities of military assets and the non-military assets with whom they will interact.

CHAPTER 2

LITERATURE REVIEW

This chapter describes the factors that influence the interaction between the military and private organizations. Although relief operations are well documented, literature concerning the specific functions of medical logistics was limited. This indicates the need for research into primary sources that may assist the narrow audience targeted by this project. Therefore, the literature review is intended to establish a foundation for the study. The literature review is organized around two broad questions; Does the current and projected National Security Strategy justify research into the interaction between the military and NGOs? What is the nature of interaction between the military and NGOs in stability and support operations?

Although both of these topics deserve extensive research, they are discussed with the intent to capture the trends found in the literature and ultimately allow the research to focus on the field of medical logistics. The key points are summarized here to help guide readers through the following discussions. First, the projected trends in national security emphasize the need for the U.S. and the U.S. military to be engaged throughout the world in FHA. The growing threat of failing states and large displaced populations have increased worldwide impact due to globalization and it demands international response. Second, from the military's perspective, interaction with NGOs creates a challenge due to the dichotomous nature of the relationship. For example, the military's primary mission is to fight and win wars, which is contrary to the primary mission of relief organizations. Therefore, the military has the need to establish clear exit strategies so that it can focus

on war-fighting rather than long-term engagements often necessary in effective stability operations. Additionally, the number of NGOs is increasing, as is their influence on international policy. Their diverse nature defies characterization; however, the literature indicates that they share similar challenges with financial resources and politics. After developing new roles since the end of the Cold War, many NGOs are exploring ways to not only provide relief but also promote sustainable development in troubled areas. As evidenced in these points, a wide range of issues affects this topic: effectively narrowing the literature review was a challenge.

Humanitarian assistance is a well-documented topic, however, the majority of articles found in the literature review focused on the human interest or social aspect of the relief efforts. A definitive article addressing the role of medical logistics in FHA or in support of NGOs was not found. This does not imply that the topic is not important. Rather, it implies that there is the opportunity to uncover improved relationships or more effective procedures. What was found in the literature was a significant discussion of the importance of NGOs to national security and to the military objectives in FHA. Additionally, the professional articles endorsed the need to support NGOs in all logistical fields to achieve shared tactical, operational, and strategic goals.

Strategic Goals

Does the current and projected National Security Strategy justify research into the interaction between the military and NGOs? Current literature asserts that the United States will remain engaged and the military will remain active in the full spectrum of operations. Numerous articles concur that military interaction with NGOs will be critical to obtain meaningful success in complex situations and to reach an acceptable end-state

in which operations transition to civilian authority. A study published through the Naval War College by Lieutenant Commander Stephanie Wright is indicative of several studies. Her recommendations included establishing cooperative training between military and private organizations, and encouraging Regional Combatant Commanders to increase the military staff's involvement in foreign policy strategic objective teams (Wright, 2000). This study is consistent with the literature including government commissioned studies and national security documents.

The review of literature quickly finds reoccurring themes concerning U.S. and world security. These include the positive and negative effects of globalization and world markets, international terrorism, the proliferation of weapons of mass destruction, and large-scale humanitarian crisis in developing nations. One persuasive source is *Strategic Paradigms 2025: U.S. Security Planning for a New Era* published by the Institute of Foreign Policy Analysis. Published in 1999, the strength of this book is the insight drawn from key government, civilian, and military leaders that participated in four working groups. This publication validates the assumption that the U.S. will remain engaged in world affairs, compelled to promote stability and security wherever possible because of the interdependent nature of the world economy (Davis, 1999, 10). The study identifies five major trends in the global security environment: globalization, technology proliferation, rising non-state actors, environmental stresses, and population growth (Davis, 1999, 13). The rising influence of non-state actors includes benevolent nongovernmental organizations that are capable of influencing policy issues and stimulating public opinion on national security issues. Also germane to this study is the threat imposed by the population growth that is estimated to rise to 8 billion people by

2025, primarily occurring in developing nations most ill equipped to handle the strain (Davis, 1999, 27). These concerns manifest in the primary documents concerning national security.

The National Security Strategy released in September 2002 specifically states that U.S. goals are to encourage political and economic freedom, peaceful relations with other states, and respect for human dignity (The White House, 2002). The document, unequivocally, speaks of the nation's obligation to use power and influence to defend liberty and justice and to champion aspirations for human dignity. Stability is recognized as the means to prevent terrorism from finding root and spreading. Therefore, the resources and responsibility of the Department of State to relieve suffering and promote economic growth are paramount. The National Security Strategy states:

The State Department takes the lead in managing our bilateral relationships with other governments. And in this new era, its people and institutions must be able to interact equally adroitly with nongovernmental organizations and international institutions. (The White House, 2002)

To affirm the commitment to expanding development, the National Security Strategy calls for a 50 percent increase in foreign assistance given to countries in need that have demonstrated reforms consistent with democracy that will predict long-term success. Under the supervision of the Department of State, the U.S. Agency for International Development (USAID) is the agency responsible for foreign assistance programs. It implements humanitarian and developmental programs through nonprofit, nongovernmental, and academic organizations. It is important to note that, consistent with governmental business practices, the majority of USAID funding goes directly to U.S. based industries. The recycling of funds into the economy was emphasized on the Department of State website:

Foreign assistance programs, funded by a mere fraction of the 1 percent of the total federal budget that goes to all foreign affairs programs, have ultimately put more dollars into the pockets of American taxpayers than they have ever taken out, because money spent on foreign assistance programs is usually spent in the U.S.—in the form of purchases of food to be sent overseas, in spending on equipment and services sent overseas. Nearly 80 percent of U.S. Agency for International Development contracts and grants go to U.S. firms for such purchases. (Department of State, 2002a)

The role of the military is, foremost, to establish clear dominance that will not be challenged by an arms race. President George W. Bush clearly stated this intent during his speech to the graduating class at West Point, “America has, and intends to keep, military strength beyond challenge” (U.S. President 2002, 945). However, the military’s challenges are clearly full spectrum. The dominance of the U.S. conventional military compels potential adversaries to focus on asymmetric threats. Eloquently stated in the National Security Strategy, “America is now threatened less by conquering states than we are by failing ones” (The White House, 2002). The threat of terrorism, clearly, is of primary concern as are all the dangers created by unstable nations and populations. The National Military Strategy, written in 1997 and based upon the previous National Security Strategy, affirms that the military’s primary role is to deter and defeat threats of organized violence. However, the National Military Strategy recognizes that the “complex, dynamic, and uncertain” strategic environment requires the military to remain engaged worldwide (Joint Chiefs of Staff, 1997).

Through peacetime engagement activities, it is the intent of the US Armed Forces to promote regional stability, increase the security of allies, build coalitions, and ensure a more secure environment. The National Military Strategy states the Joint Forces must enhance their ability to operate with nongovernmental organizations because of their importance in resolving crisis and creating a transition to civilian control (Joint Chiefs of

Staff, 1997). Based upon guidance from the President and the National Security Strategy, geographic Unified Combatant Commanders develop Joint Security Cooperation Plans or Theater Engagement Plans to promote U.S. interests and regional security objectives.

Germane to this study is the threat that U.S. national or military policy is perceived as hegemony and cultural invasion. Although the new National Security Strategy is careful to address the legal aspect of international law, criticism focuses on the controversy of aggressive intervention and preemptive strikes. Analysis by John Lewis Gladdis of Yale University, describes the strategy as a carefully crafted balance that affirms U.S. moral direction and unity of action but at the same time acknowledges other great powers and the need for coalitions. Nevertheless, Gladdis poses three significant questions. Can the U.S. carefully select the areas to devote resources? Can the U.S. dissuade anti-American feelings by retaining the defacto hegemony and the moral high ground? Will foreign countries accept democracy and western culture that accompanies globalization (Gladdis, 2002)?

Military and NGO Interaction

What is the nature of interaction between the military and NGOs in stability operations? In a single word, the interaction is complex. Nevertheless, the literature review suggests that the military must establish cooperative relationships with government agencies and private organizations based upon shared goals, and must maintain open communication, primarily by establishing a Civilian Military Operations Center (CMOC). A review of submissions to the Center for Army Lessons Learned clearly indicated that leaders must struggle to understand the wide range of capabilities and structures of NGOs and the complexity of support operations. Despite the emphasis

on support and stability operations for over a decade, the doctrine concerning military and NGO interaction is still being developed. Two Army Field Manuals germane to this study illustrate this point. U.S. Army Field Manual 8-42 *Combat Health Support in Stability and Support Operations* has only one brief reference to NGOs and U.S. Army Field Manual 4-02.1 *Combat Health Logistics* has no reference to NGOs. Joint doctrine, such as Joint Publication 3-08 *Interagency Coordination During Joint Operations* reflects the evolution of the military's role in complex humanitarian emergencies and provides guidance for the interaction between the military and NGOs.

Command Relationships.

A study in the School of Advanced Military Studies concluded that humanitarian intervention operations negated the possibility of attaining unity of command, valued by U.S. Army as a principle of war, but instead required unity of effort (Pope, 1994). This is consistent with the Joint Publication 3-0.8 *Interagency Coordination During Joint Operations* that defines the relationship:

The relationship between the Armed Forces and NGOs and PVOs is neither supported nor supporting. An associate or partnership relationship may accurately describe that which exists between military forces and engaged NGOs and PVOs. (Department of Defense, 1996b, II-8)

The partnership will often focus on short-term objectives that may be very similar. By definition, support operations are of limited duration. Meaningful assistance that addresses the root sources of conflict requires a committed effort, with relationships and experience developed over a long period of time. The military involvement with civilian populations concentrates on immediate assistance and transition to local authorities.

Civilian-Military Operations Center (CMOC).

Although not new in concept, the doctrine promoting the CMOC developed out of the military's post-Cold War experience. The organization of the CMOC is flexible: dependent upon the mission. It may be established at theater level, or any level of command. Operation Support Hope in Rwanda, for example, established several CMOCs to cover the geographic area (Joint Warfighting Center, 1997). The composition of the CMOC may involve any of the agencies or organizations mentioned thus far; USAID, UN, ICRC, and NGOs. The military personnel should send representatives from the J-3 Operations (usually in a lead role), Civilian Affairs, and Public Affairs. The director of the CMOC should have direct access to the Joint Task Force Commander (Joint Warfighting Center, 1997, II-6). The operation of the CMOC may include daily briefings, ad hoc working groups, or established offices for official agencies and NGOs. Again, the flexible structure focuses on obtaining desired results.

The primary benefit of the CMOC is to open communication between the numerous organizations, instituting Civilian-Military Operations and striving for unity of effort. The CMOC is focused upon the implementation or tactical level. Although tasks are dependent upon the mission, the Joint Task Force Commander's Handbook for Peace Operations suggests several key tasks that include; coordinate activities of the military forces, disseminate information regarding security and operations, receive and validate request for routine and emergency military support; submit requests to NGOs for their support; and coordinate logistical support to shared activities (Joint Warfighting Center, 1997, II-8).

Despite the development of the CMOC, challenges remain. A review of the literature, especially articles published in the mid-nineties, convey that the Army needs more doctrine and more training in establishing productive relations with NGOs. For example, LTC Joseph Anderson, the first commander of ground troops in Kosovo, wrote that “military ties to NGOs in PKO [peace keeping operations] are poorly structured” as NGOs view the military as out of touch with the people they are trying to help (Anderson, 2001, 40).

NGO Perspective.

Each organization and agency that is invited into the CMOC will arrive with different perspectives. Many will attend to obtain information and yet reject efforts to coordinate actions, much less subordinate their actions. NGOs have a culture as distinct as the military. In Military Review, COL Guy Swan, divided the cultural differences into four categories: values that are skeptical of conventional institutions, especially the military; organizational structures that are frequently ad hoc or fluid depending upon current resources; decision making processes that empower low-level administrators; and execution processes that are decentralized and, to the military observer, inefficient (Swan, 1996, 30).

Of particular concern are humanitarian organizations whose charters reject military intervention. This may be for practical reasons, as a relief organization needs to protect its neutral status. COL Swan, noted that during Operation Restore Hope, many NGOs refused to associate with the U.S. military for fear it would damage hard-earned relationships with Somalis (Swan, 1996, 30). Also, differences in values can cause NGOs to question the validity of the military’s strategy or intentions. Although Doctors Without

Borders has extensive experience dealing with the military, its U.S. Executive Director, Joelle Tanguy, passionately argues that humanitarian military intervention is a “ . . . fallacious and oxymoronic concept” (Tanguy, 2000). Contrary opinions, that recognize the military’s unique capabilities in disaster relief and peace operations, are also found in the literature. The point remains, however, that the perspective of the NGO is different and often contradictory from the military’s perspective. The discussion, however, should not close on a sour-note. Compassion is the overwhelming motivation of NGOs and, although skeptical of political schemes, they perceive the U.S. military as a force with tremendous capabilities.

Literature that critically examines the performance of NGOs appears to focus on two areas, money and politics. Due to the dynamics of funding, the echelons of an NGO’s leadership, by necessity, may have distinct agendas. In broad terms, humanitarian workers in the field are admired for their passion and can-do spirit, focusing on altruistic service. As stated previously, the personnel in the headquarters are very sensitive to political and public opinion because of their need to raise funds. This causes two actions. First, the NGOs may be very interested in self-promotion and aware of their presence in the media. For example, a concern may be the fact that military intervention diverts valuable attention of the media from their actions. Second, competition may be high among NGOs for the spotlight and funding. Although publicly promoting partnerships, the structures and needs of NGOs may prohibit effective relationships with other relief organizations and local governments.

The final point concerns the dynamics of international and local politics. Relief organizations must retain legitimacy in order to coordinate effectively with supporters,

governments, the UN, and other agencies. As noted earlier, many articles discussed the need of private organizations to remain neutral and focus on the altruistic mission. One author, Jon Bennet, is critical of the emphasis on pursuing neutral humanitarianism. In *Meeting Needs: NGO Coordination in Practice*, he writes, “Increasingly, NGOs are being sucked into a foreign policy vacuum with which they are ill-equipped to deal” (Bennet, 1995, xix). Primarily discussing situations in Africa, the author’s argument is that governments abdicate their responsibility for effective foreign policy by funding NGOs. The humanitarian effort, although hopeless, provides governments publicly acceptable means not to be involved. Additionally, Bennett notes, in the late 1980s, the UN accepted for the first time the “ . . . principle of working in conflict” that lead to the increased need for NGOs and increased danger to humanitarian efforts (Bennet, 1995, xvii). The concern of implementing failing foreign policies is consistent with the tone of a book by David Lewis and Tina Wallace, *New Roles and Relevance*, that says the experience of NGOs during the 1990s emphasized the need for relief efforts that promoted development and self-reliance (Lewis and Wallace, 2000, 14).

Summary

The review of literature clearly establishes a link between U.S. foreign policy, including the objectives of national security, and the work of NGOs. From the military perspective, effective coordination with NGOs is critical in order to reduce the threats created by instability and to transition military operations back to civilian authorities. The relationship is complex due to the disparate missions and cultures. However, cooperation can be mutually beneficial because some of the objectives are shared and each organization has unique capabilities. To create effective relationships, commanders must

understand the perspective of the NGO that is dominated not only by altruistic missions but also money and politics. Finally, the literature review shows that there is an opportunity to uncover new information and knowledge. A detailed study of the cooperation with NGOs in general, and of the functional area of medical logistics in particular, will promote a more effective interaction between the military and NGOs.

CHAPTER 3

RESEARCH METHODOLOGY

This descriptive study uses qualitative research design in order to answer the primary research question: How should U.S. commanders plan to use their military capabilities to support the medical logistics activities of NGOs in future FHA? As evidenced by the literature review, the subject matter involves a complex interaction of systems which cannot be easily quantified and therefore does not lend itself to empirical metrics. Valid results are obtained by promoting greater understanding of the core concepts. The findings of this project will take the form of concept clarification.

Qualitative methods are appropriate for this topic because the research attempts to clarify the planning and procedures to be used in undefined, future operations. As noted previously, FHA involves a wide range of missions, each presenting a unique set of challenges. This is compounded by the fact that each NGO provides unique capabilities and limitations. Therefore, doctrine and planning guidance will be based upon guiding principles rather than specific formulas. Qualitative research can be defined as the methods and techniques used to observe, document, analyze, and interpret the patterns and contextual meanings of the phenomenon under study. The technique employed in this study is document analysis that evaluates contemporary reports and opinions (Cooper and Schindler, 1998, 135). The essential goal of qualitative research is to document and interpret as fully as possible the totality of whatever is being studied in the context of respondents' viewpoints or frames of reference (Leininger, 1985, 5). This study has two primary stakeholders: military commanders seeking concise military goals consistent

with national objectives, and project directors seeking broad humanitarian goals consistent with the objectives of private relief organizations.

The literature review in Chapter Two established the foundation for the project by describing the context of military and NGO interaction in FHA and by searching for previous research relevant to medical logistics. A survey of literature was conducted with the assistance of the staff at the Combined Arms Research Library located on Fort Leavenworth, Kansas. Combinations of the key words, NGO, Medical Logistics, Humanitarian Assistance, and Stability and Support Operations were used to search for timely and relevant articles. The search queried military databases including the Center for Army Lessons Learned, Army Knowledge Online, and the Air University Library; periodical databases including the Scientific and Technical Information Network (STINET) and the EBSCO Publishing database; Internet search engines including Google and Wisenut; and other sources such as Rand, Federation of American Scientists, and the Combined Army Research Library catalog. The initial search, conducted with the assistance of the library staff, yielded approximately 2,000 articles concerning variations of the keywords humanitarian assistance and 400 articles concerning variations of the keywords medical logistics and NGO.

The majority of articles were set-aside after reading the abstract or title in order to concentrate on articles that specifically discussed the interaction between the military and private civilian organizations and the role of medical logistics. There were very few articles that effectively addressed the role of medical logistics. For example, although the STINET database returned over 300 hits concerning NGOs and FHA, none of them discussed medical logistics. Additionally, only 4 of the 35 results from the Federation of

American Scientists responded to the keywords, medical logistics, and those few contained only a broad endorsement of its importance. These articles are a Corps XXI Organization and Operations Concept Draft (Combined Arms Doctrine Development, 1999), a Department of State document listing foreign military training activities (Bureau of Political-Military Affairs, 2002), a Department of State document listing Western Hemisphere foreign aid budgets (Department of State, 2002b), and the Air Force Doctrine Document 2-3, Military Operations Other Than War (Department of the Air Force, 2000).

Chapter Four is devoted to the presentation, analysis, and synthesis of data gathered from primary sources and organized in order to identify and interpret patterns and contextual meanings. The investigator coded the information concerning the medical logistics assets of the Army and of the selected NGOs. The intent was to explore the procedures used by NGOs in order to present a meaningful comparison of their medical logistics capability to that of the U.S. Army.

Because of the tremendous number of NGOs, only three were selected for detailed study in order to keep the research feasible and understandable. The NGOs selected were the International Committee of the Red Cross (ICRC), Medecins Sans Frontieres (MSF), and Catholic Relief Services (CRS). The selection was a subjective decision based upon numerous factors; their significant healthcare operations, their past interaction with the military, their status with the UN and USAID, and the availability of information. The intent was not to examine a statistically significant sample, but rather to provide the insight necessary for a substantial analysis of the subject. Using data from primary sources, a concise description of each organization addresses the medical

logistics mission, capabilities, and requirements. Once the data were sorted and categorized, the analysis identified the key points and then the investigator synthesized the findings in order to address the primary research question.

CHAPTER 4

ANALYSIS

Purpose

The Army's vision of the future demands success in the full spectrum of operations, implying its continued involvement in FHA. In accordance with Army doctrine, these operations rely on civilian organizations for both immediate success and long-term resolution (Department of the Army, 2001a). The purpose of this research was to clarify the medical logistics capabilities of the military and NGOs in order to identify opportunities for mutual benefit and improve planning for civil-military operations.

The primary research question was: How should U.S. commanders plan to use their military capabilities to support the medical logistics activities of NGOs in future FHA? In order to reach a complete answer, secondary questions were examined the mission, capabilities, and requirements of medical logistics in the U.S. Army and NGOs.

Literature review

Current literature confirmed the increasing need for effective civil-military operations and coordination with NGOs in order to reach strategic goals. For example, in the wake of Operation Enduring Freedom, the National Security Strategy specifically cites the importance of working with the United Nations and NGOs in rebuilding Afghanistan (The White House, 2002). The literature consistently emphasized the complex nature of stability operations and of the military's interaction with NGOs. From the military's perspective, this interaction is a challenge due to the dichotomous nature of the relationship. Specifically, the military's primary mission is to fight and win wars,

which is contrary to the primary mission of relief organizations. Therefore, the military has the need to establish clear delineations of responsibilities and quickly transition the mission of nation-building to civilian organizations. Additionally, the number of NGOs is increasing, as is their influence on international policy. Their diverse nature defies characterization; however, the literature indicates that they share similar challenges with financial resources and politics. After developing new roles since the end of the Cold War, many NGOs are exploring ways to not only provide relief but also promote sustainable development in troubled areas.

Although relief operations were well documented, literature concerning the specific functions of medical logistics was extremely limited. This demonstrated the need for research into primary sources that may assist the narrow audience targeted by this project, medical planners involved in the FHA. Finally, the literature review showed that this subject matter involves a complex interaction of systems that cannot be easily quantified and therefore does not lend itself to empirical metrics. Qualitative research was needed to clarify topics, such as the role of medical logistics in CMOC.

Methodology

Qualitative methods were appropriate for this topic because the research attempted to clarify the planning and procedures to be used in undefined future operations. The essential goal of qualitative research is to document and interpret as fully as possible the totality of whatever is being studied in the context of respondents' viewpoints or frames of reference (Leininger, 1985, p. 5). This study had two primary stakeholders: military commanders seeking concise military goals consistent with national objectives, and project directors seeking broad humanitarian goals consistent

with the objectives of private relief organizations. Valid results were obtained by synthesizing different perspectives in order to promote greater understanding of the core concepts.

The analysis began with a description of the medical logistics mission, capabilities, and requirements of the Army and three NGOs; ICRC, MSF, and CRS. As a reminder, the three organizations were selected because they have significant medical operations, provide available information, and reflect the diversity found in relief organizations. The description of each organization is brief by necessity and highlights relevant points found in correspondence and organizational documents. The intent was to provide insight not readily found in a review of literature.

In synthesizing the results the investigator described the perspectives of the stakeholders and discussed the role of medical logistics in civil-military operations expanding the key points identified in the comparison of medical logistics procedures in order to address the secondary questions. The investigator then addressed the primary research question: How should U.S. commanders plan to use their military capabilities to support the medical logistics activities of NGOs in future FHA?

Medical Logistics

U.S. Army Medical Department (AMEDD)

The AMEDD, in joint operation with the medical departments of the sister services, seeks to provide a high level of care, primarily focused on the trauma of combat injuries. As discussed subsequently, this level of care is unrealistic or unsustainable for large relief efforts. The AMEDD has the capability to prepare standard and unique prepackaged sets of medical materiel. This is accomplished through medical depots and

Medical Logistics Battalions tasked with operational level missions. However, the medical materiel is inserted into the military (non-AMEDD) lift and transportation system. Distribution of sets may or may not require specialized medical logistics personnel.

AMEDD Mission. The mission of the AMEDD is to maintain the health of the Army and conserve the fighting strength. For successful military operations the full range of health services are vital including population health, field sanitation, veterinary and food service support. Although the AMEDD shares the altruistic nature with all medical professionals, the capabilities and structure of the AMEDD is focused on conserving fighting strength. The medical activities are focused on treating battle casualties. Key skills are trauma, evacuation, and mass casualties. By definition, the functional area of medical logistics includes material procurement, inventory management, medical equipment maintenance, optical lens fabrication, blood storage and distribution, and arrangement of contractual support (Department of the Army, 2001b). Combat health support strives to provide high-quality healthcare to the armed forces consistent with the best modern medicine.

AMEDD Capabilities. The high standards of medicine in the AMEDD demands a robust logistical support including line item ordering that supports specialized surgery. The logistics system provides pre-packaged sets to satisfy the bulk of routine requirements, such as sick-call kits at unit level. However, the detailed line item ordering is accomplished through communication and inventory management systems. Additionally, the advanced technology combined with superiority on inter-theater lift

supports the concept of focused logistics. Inventoried and excess material in theater has been greatly reduced by the just-in-time delivery of required supplies.

At the strategic level, the AMEDD is connected to the civilian industry through the Defense Logistics Agency, United States Army Medical Materiel Agency, fixed hospitals and medical centers, and through prime-vendor contracts with major distributors. Operational units such as the United States Army Medical Materiel Center, Europe provide depot support for theaters and the capability to package specialized sets. Tactical level operations are executed by specialized units and by logistics sections of medical activities. In accordance with U.S. Army Field Manual 4-02.1, *Combat Health Logistics*, the units in a theater of operations would include a Medical Logistics Management Center, a Medical Logistics Battalion with a Logistics Support Company and a Medical Logistics Company, a Blood Support Detachment, and a Medical Logistics Support Team. For example, a Medical Logistics Distribution Company is a 70-person unit that provides medical logistic support on an area basis to a corps, or equivalent task-force, that may include Combat Support Hospitals or activities providing Level III resuscitative surgical care. It has the capability to receive, classify, issue, and provide storage for up to 17.54 short tons per day, build prepackaged resupply sets, and provide medical maintenance on a unit or direct support basis. However, the Distribution Company relies on the Medical Logistics Battalion for more robust capabilities and relies on other combat service support units, including supplemental transportation, to accomplish its mission. Another notable example is the Blood Support Detachment, usually assigned to a Medical Logistics Battalion, that provides blood and blood products to medical activities operating in a corps area. In accordance with the authorization

documents, this unit can receive, process, and transship 1,000 units of packed red blood cells in 24 hours from a U.S. Air Force Blood Transhipment Center, store 4,000 units, and conduct collections of up to 432 units in 24 hours.

AMEDD Requirements. In order to maintain standards, medical logistics is subject to the rules of Federal Drug Administration, Environmental Protection Agency, Drug Enforcement Agency, and Joint Commission for the Accreditation of Health Care Organizations (Department of the Army, 2001b). Because it is integrated into the healthcare system, the development and management of medical logistics is a responsibility of the AMEDD. Additionally, medical logistics is covered under the provisions of the Geneva Convention that, for example, precludes medical material from storage with other commodities. However, medical logistics requires lift and transportation assets. For example, a Medical Battalion, Logistics (Forward) can move only 50 percent of its assets with organic equipment and relies on supplemental transportation assets to distribute medical supplies. It is also important to note the intensive logistics effort required by combat health support operations. In accordance with U.S. Army Field Manual 4-02.10 *Combat Health Logistics*, appendix H, a 248 bed hospital may require, not only up to 81,000 lbs of medical supplies per day, but also 1,500 gallons of fuel, 13,000 gallons of water, and generate over 9,000 lbs of solid waste per day (Department of the Army, 2001b). The point of this example is that the combat health support is dependent upon significant non-medical logistics support.

The International Committee of the Red Cross (ICRC)

The International Red Cross Movement consists of three elements: the International Committee of the Red Cross; the International Federation of Red Cross and

Red Crescent Societies; and Red Cross and Red Crescent Societies in over 178 countries. Together, the Red Cross Movement is the largest international humanitarian organization and claims 100 million members and volunteers. Although the efforts of the ICRC, the Federation, and the National Societies are interwoven, the following information was obtained from publications of the ICRC because they are most closely associated with military operations. It is important to understand the international influence of the ICRC and the scope of the worldwide relief efforts that dwarfs the military's involvement in stability operations. Additionally, the value the ICRC places on its reputation and neutral status defines how it associates with the military and is even reflected in materiel procurement.

ICRC Mission. The ICRC's mission is to protect and assist the civilian and military victims of armed conflicts and internal disturbances on a strictly neutral and impartial basis. In accordance with the 1997 Seville Agreement, the ICRC is the lead agency in the Red Cross Movement in situations of armed conflict and internal strife, including activities assisting displaced persons. The tasks include visiting prisoners of war, reuniting families, monitoring compliance with international law, and providing humanitarian assistance to citizens harmed by war. Because of its 150-year history, the ICRC has a unique political standing, as it is a signatory to the Geneva Convention and, in most countries, the ICRC has the privileges and immunity granted only to foreign governments. It is one of 16 entities given observer status in the United Nations providing it greater access and responsibilities than other relief organizations. In accordance with United Nations statements, the ICRC has received a standing invitation

to participate as observers in the sessions and the work of the General Assembly and maintain permanent offices at United Nations Headquarters (United Nations, 2002).

ICRC Capabilities. The scope of the ICRC includes delegations in sixty countries and activities in over eighty countries. The ICRC supreme policy-making body is comprised of fifteen to twenty persons of Swiss nationality who are invited (co-opted) to join. The headquarters in Geneva has a staff of 800 and the field staff consists of about 10,000. In 2001 the breakout was 10,057--985 expatriate, 176 National Society and 8,896 local staff. The 2001 Financial Statements recorded distribution of \$21 million in medical materiel and \$94,415,474 million in relief supplies (including food, shelter, and clothing). Together this materiel was 134,834 metric tons (ICRC, 2002b). This effort does not include the International Federation of National Societies whose work focuses on four core areas: promoting humanitarian values, disaster response, disaster preparedness, and health and community care.

ICRC Requirements. The ICRC publishes operational reports and appeals for financial resources. For example, contributions received in 2001 totaled \$376,978,800, representing approximately 95 percent of total income and 60 percent of total income and assets. The United States Government was the largest single contributor, providing \$138,820,200 in contributions. On the other hand, only \$13, 769,000 in contributions came from private sources (ICRC, 2002b).

The Red Cross Movement has an extensive infrastructure for recruiting and training staff and volunteers. The Red Cross Movement seeks to be the leader in relief organizations and promotes standards for other NGOs. It publishes extensive training

materiel for individual skills and field operations. Additionally, the ICRC seeks to work with partnerships in order to satisfy logistics requirements.

The ICRC has an extensive infrastructure for logistics that includes fixed facilities, coordination with National Societies, and locally contracted assets. For example, in 2001, the ICRC held \$13,190,165 of relief supplies in inventory, \$4,269,549 of which were medical supplies (ICRC, 2002b). An article published by Francois Mounis, Head of the Logistics Division, provides insight to medical logistics. First, Mounis described the increased sophistication of relief efforts; “The days have long gone when NGOs would pick up ‘surplus’ equipment from private individuals, together with a miscellany of manufactures’ samples, and send them out on to the ground” (Mounis, 2001). Mounis continued to describe that the “ . . . unplanned and unplannable: nature of humanitarian operations is the major obstacle for suppliers” (Mounis, 2001). The just-in-time production schedules are not responsive enough and relief organizations must select distributors that are able to pre-position and rotate stocks.

Medecines Sans Frontieres (MSF)

In 1971, MSF was established by a small group of French doctors who opposed the conservative nature of traditional humanitarian efforts. It claims to be the first NGO to not only provide emergency assistance but also to publicly bear witness to the plight of the populations they served. In 1999, MSF won the Nobel Peace Prize and has frequently testified before international committees, the UN, and the U.S. Congress. This illustrates the growing influence of NGOs in world politics. MSF has been cited as “redefining” humanitarianism over the last 30 years by providing an alternative to the Red Cross Movement’s traditional position of neutrality and interstate relations (Rieff, 1999, 22).

On an operational level, the success of MSF illustrates the evolution of relief efforts that demand a sophisticated logistics and communications structure. On a strategic level, MSF's willingness to work in contested areas illustrates the expansion of humanitarian and international projects beyond international conflicts. Rather, the trend in humanitarian efforts, as well as national security, increasingly involve failing states in which traditional diplomacy is ineffective.

MSF Mission. MSF delivers emergency aid to victims of armed conflict, epidemics, natural or man-made disasters, and to others who lack health care due to social or geographical isolation. Their core principles include both altruistic medical care and outspoken advocacy for human rights. Depending upon need and available resources, MSF provides a range of services including nutrition and sanitation programs, medical training, primary health care, surgery, and mental health programs. In long-term projects, MSF also treats chronic diseases such as tuberculosis, malaria, sleeping sickness, and AIDS.

MSF Capabilities. In accordance with published documents, MSF has an annual budget of approximately \$250 million. They have permanent offices in 18 countries including five operational sections that coordinate field projects. Each year over 2,500 volunteer professionals, doctors, nurses, logisticians, and water/sanitation engineers, are sent to field projects to join 15,000 locally hired staff in 80 countries (MSF, 2002).

Field operations typically have a country manager and coordinating team in the capital city. These staff members coordinate medical planning, logistics, and finance. They are the liaison between MSF field missions, local authorities and other NGOs. Field missions consist of 4 to 12 expatriate volunteers and up to 200 local staff. An example

from their 2001 activity report states that 500,000 Iraqi and 1.5 million Afghan refugees have sought shelter in Iran. MSF is participating in the UN High Commission for Refugees (UNHCR) joint repatriation program by providing medical services through a team of 6 international and 56 local staff members (MSF, 2002)

MSF Requirements. In 1981 the scope of MSF projects demanded a full time logistics staff and infrastructure. The organization's logistics revolution is built upon communication, transportation, and the preparation of emergency kits for immediate response (MSF, 2003). Teams now use satellite radios for communication between field operations, country managers, and regional headquarters. Transportation was enhanced by purchasing ground vehicles and collaborating with Aviation Sans Frontieres and other organizations. The responsiveness and quality of materiel distribution was enhanced by the development of emergency kits that allow rapid response. For example, in 1997 a cholera epidemic swept across central Africa and MSF teams were able to "treat hundreds of patients within 48 hours of the first signs of the epidemic" (MSF, 2003). MSF Teams have over 50 kits of various sizes from which to select. The following description is from documents published by MSF:

The size and completeness of the kits sometimes surprise observers who are unfamiliar with MSF. For example, to furnish medical assistance to a displaced population of thirty thousand persons in an isolated area, MSF might elect to deploy three emergency health kits capable of serving ten thousand persons each for a period of three months, as well as various kits providing energy sources, all-terrain vehicles, office supplies, satellite communications equipment, and other equipment and tools. Each emergency health kit would include modules of medicines, selected in accordance with MSF's medical protocols, and other basic medical supplies, such as bandages, rubber gloves, thermometers, and syringes. Then, if an MSF exploratory team were to identify the risk of say, a cholera epidemic in the population, MSF would be prepared to deploy immediately an additional kit containing the medicines and supplies necessary to combat cholera. (MSF, 2003)

Funding, of course, is a critical concern as the availability of resources determines the scope of MSF missions. Having obtained worldwide recognition, MSF receives significant funding from the UN and national governments. However, the 2001 Activity Report states 79 percent of funding comes from private sources and explains, “this matters particularly to MSF, because financial independence from governments and institutions is essential to our freedom to act and to speak.” (MSF, 2002).

Another point germane to this study is growing concern for security in areas increasingly marked by lawlessness. This is especially important to MSF for their drive to enter into disputed territories and report humanitarian abuses. The MSF documents concur with much of the literature that the impartial provision of humanitarian aid is less and less respected. For example, in 1989 a missile destroyed an Avions Sans Frontieres airplane in Sudan, in 1990 a MSF logistics expert was killed in Afghanistan, and in 1997 a MSF doctor was murdered in Somalia. Currently, MSF is petitioning the Russian government to increase efforts to find a team leader who was kidnapped in August 2002 from Makhachkala, Russian Republic of Dagestan.

Catholic Relief Services (CRS)

CRS was established in 1943 by the Catholic Bishops of the United States to help refugees fleeing the devastation of World War II. The organization has gained recognition from its 50-year history, scope of operations, and efficiency as a charitable organization. For example, in 2001, Smart Money Magazine ranked Catholic Relief Services third among international relief agencies on the basis of efficiency. CRS spends 91 percent of their budget directly on programs, 93 percent of contributions are spent in the year received, and only thirteen cents of every dollar contributed is used in fund-

raising activities (Laise, 2001). As discussed in the literature review, these facts are relevant because public relations and fund raising activities are chief concerns for all charitable organizations.

Examination of CRS illustrates two points. First, CRS works in close association with governmental agencies and relies on partnerships with other national and international organizations. Second, the primary focus of CRS is to provide long-term developmental programs. Therefore, CRS medical requirements are very different from military operations.

CRS Mission. CRS defines its services into eight categories; agriculture, community health, education, emergency response, HIV/AIDS programs, microfinance development programs, peace-building, and safety net programs. Although CRS has substantial programs for emergency response, the emphasis is on developmental relief that improves communities, combats poverty, and promotes self-sufficiency. The following paragraph states the mission of CRS.

The fundamental motivating force in all activities of CRS is the Gospel of Jesus Christ as it pertains to the alleviation of human suffering, the development of people and the fostering of charity and justice in the world. The policies and programs of the agency reflect and express the teaching of the Catholic Church. At the same time, Catholic Relief Services assists persons on the basis of need, not creed, race or nationality. (CRS, 2003a)

CRS Capabilities. CRS operates in more than 80 countries. In accordance with its financial report for fiscal year 2001, CRS had operating revenue of \$334,423,000. Emergency relief received \$100,533,000, approximately 30 percent of the available program funds. Health programs, based upon the community health program model, received \$77,554,000, 22 percent of the program funds. (CRS, 2002). The community health programs seek to improve the sustainable health services by providing food

assistance, clean and safe water, and quality health services that includes health facility infrastructure, health worker training, medical treatments and prevention activities. The community health program model seeks to “empower communities with the information needed to preserve and control their own health” (CRS, 2003b). The following examples taken from their 2001 annual report illustrate CRS’ medical missions and capabilities.

CRS obtained approval from the U.S. Government to transfer \$240,000 to Caritas International for a Well-Baby Program in Iraq. In Bosnia Herzegovina, CRS implemented a nutrition program for 35,000 children in 105 schools. Finally, in Cuba and Honduras, CRS provided emergency aid, including food, clothing, antibiotics, water purification tablets, and latrines, to victims of Hurricane Michelle (CRS, 2002b).

The capabilities of CRS are integrated into their commitment to developing communities and their extensive use of partnerships with local and international organizations. These partnerships are emphasized by CRS documents and deserve consideration. For example, partners listed under their emergency response programs include government programs such as USAID/Office of Foreign Disaster Assistance and the United Kingdom Department of International Development, and other private organizations such as Caritas International, a confederation of Catholic relief agencies, and John’s Hopkins University. CRS documents also reveal partnerships with knowledge management and lobbying groups such as Active Learning Network for Accountability and Performance in Humanitarian Action and Interaction, an association of over 160 relief organizations.

CRS Requirements. Identifying specific requirements is difficult due to the diversity of their missions and the extensive partnerships that have been established by

CRS. The organization includes logistics structure and expert logisticians, however, CRS relies heavily on other organizations or local contracts for storage and distribution assets. Moreover, in order to implement local contracts and complete community projects effectively, CRS requires consistent access to local populations and reasonably stable relations with local authorities.

Funding is a significant requirement because, as discussed previously, the level of available funds determines the scope of operations. Traditionally, over half of the CRS total resources come from the U.S. Government, specifically Department of State, USAID, and Department of Agriculture. CRS explains that official funding complements private funding. For example, through the USAID Office of Food for Peace, CRS receives U.S. food commodities and the funding to ship, distribute, and monitor the use of those contributions. Private funds are used for developmental projects “ . . . including the strengthening of the local Catholic Church and other indigenous nongovernmental organizations” (CRS, 2003b). In accordance with their 2001 Financial Report the U.S. Government contributed 26 percent of operating revenues, \$88,231,000, as unrestricted grants. Additionally, governments or international organizations, including official U.S. agencies donated agricultural, shipping, or other commodities that accounted for 32 percent of the operating revenue, \$107,838,000 (CRS, 2002).

Analysis

The comparison reflects the complexity that was frequently noted in the literature review. However a few key points can be extracted. Primarily, the comparison indicates that the intersection of AMEDD medical logistics and NGO medical logistics may not exist except for rare situations. This is due to the difference in mission and scope of

operations. However, understanding the goals and capabilities of NGOs is still important because as effective coordination with non-military organizations is vital to complex relief efforts. Second, the military has unique capabilities and significant assets that can be used to spearhead and facilitate operations. The preceding comparison emphasized the opportunity for the military to provide non-medical logistical support to NGOs. Finally, the comparison illustrated that interagency coordination may be a more important competency for military planners than direct coordination with NGOs. Not only does the DOS have the legal authority to lead humanitarian efforts, it enacts foreign policy by funding NGOs. Each of these key points, mission, military support, and interagency coordination, is discussed in the following sections. However, a discussion of the relevant laws and regulations is presented first in order to better define the parameters of civil-military action.

Laws and Regulations.

Joint Publication 3.08, *Interagency Coordination During Joint Operations*, states, “The connectivity between NGOs, PVOs and the Department of Defense is currently ad hoc, with no specific statutory linkage” (Department of Defense, 1996b, II-19). There are, of course, legal guidelines that control the actions of all U.S. Armed Forces. Three discussed here are the Law of War, fiscal constraints, and Acquisition and Cross Service Agreements. The mission, and the desired end-state, may determine which laws are particularly relevant. Additionally, the goals and responsibility for most FHA missions cross government department boundaries.

In accordance with the Operational Law Handbook, the Department of State has the statutory responsibility for coordinating the activities of the executive branch and

conducting foreign affairs on behalf of the President (Meyer and Bill, 2002, 393). Ambassadors or the USAID determine the requirements for disaster relief efforts and formally request assistance from the DoD when necessary. In DoD, the Deputy Assistant Secretary of Defense for Humanitarian and Refugee Affairs, under the direction of the Assistant Secretary of Defense (Special Operations and Low Intensity Conflict) and the Under Secretary of Defense for Policy, is responsible for policy and direction of DoD relief efforts.

Stability and support operations are required in a broad range of situations many of which do not fit the traditional definition of armed conflict. In accordance with the Chairman, Joint Chiefs of Staff Instruction 5810.01, all DoD components are obligated to follow the Law of War in armed conflicts and follow the spirit and principles of the Law of War in all operations, regardless of their characterization (Department of Defense, 1996a). It is a complex legal landscape. In military operations other than war, the Judge Advocate must create a structure for legal analysis that ascertains binding legal authority, identifies gaps or ambiguity, and fills the gaps with non-binding sources of law that is implemented as policy (Meyer and Bill, 2002, 51). The various sources of law include fundamental human rights, host nation law, conventional law (such as treaties), and law by analogy. The final term is of special note: the law of analogy is the means by which Judge Advocates apply the Law of War, statutory law, and regulatory law in unique situations. As described in the Operational Law Handbook, “The fit is not always exact, but more often than not, a disciplined review of the international conventional and customary law or any number of domestic law will provide rules that, with moderate adjustment, serve well” (Meyer and Bill, 2002, 56).

A notable article in the Army Lawyer discussed the application of the Law of War Program in coordination with NGOs. The faculty of the Judge Advocate General's School reiterates that there is “no single clearly identifiable source of legal authority relevant to the resolution of humanitarian type issues arising from [military operations other than war]” (Maxwell, Smidt & Corn, 1999, 17). However, a particularly relevant source of law is the 1949 Geneva Convention, specifically Article 10 that prohibits interference with the Red Cross or any impartial humanitarian organization. The authors of the Operational Law Handbook interpret this as the following:

While Article 10 cannot be read as creating an obligation to provide assistance to such organization, it does prohibit unjustified interference with the organization, and establishes a basis for adopting a policy of rendering such assistance when doing so is consistent with other requirements of the military mission. (Meyer and Bill, 2002, 23)

It is the mission, therefore, that is of critical importance because the definition of mission success is very different in stability and support operations. The commander does not have an obligation to assist NGOs but it has a legal source of authority to assist NGOs: providing, of course, that such assistance is consistent with the mission and that there is no clearly defined prohibition.

Unlike the preceding discussion, fiscal law is definitive. The Operational Law Handbook emphasizes in bold print that military units must find positive authority for each fiscal obligation and appropriate funds to allocate against the statutory authority. It continues to warn that Judge Advocates from Operation Joint Guard reported fiscal issues consumed 90 percent of their time (Meyer and Bill, 2002, 405). There are however, numerous processes in place that allow commanders to obtain proper Congressional authority, to maintain proper accounting for reimbursement, and to use simplified

acquisition procedures to support contingency operations (Meyer and Bill, 2002, 405).

Additionally, the DoD has statutory authority (10 USC 404) to respond to overseas manmade or natural disasters when necessary to prevent loss of life (Department of Defense, 1996b, F-2). However, this statutory authority is difficult to apply to the requirements of NGOs in areas of crisis because it extends beyond the spirit of the statute.

The Operational Law Handbook describes several specific authorities for expenditures that support non-U.S. forces during peace operations. For example, the United Nations Participation Act (22 U.S. C. section 287D-1) allows services or assistance to UN activities with the expectation of reimbursement. The Foreign Assistance Act of 1961 (22 U.S. C. Section 2357) allows commodities and services to be furnished to friendly countries or international organizations for peacekeeping and disaster relief. Again, reimbursement is required if the expenditures support a UN operation. Finally, the FAA may also authorize the release of excess DoD material to assist in unforeseen emergencies. Ultimately, judge advocates are encouraged to “aggressively weave funding authorities with available funds” in order to satisfy mission requirements (Meyer and Bill, 2002, 409).

The military has an extremely minor role in providing humanitarian and civic assistance compared to the Department of State and, generally, the military must seek reimbursement for all expenditures. Pursuant to 10 USC section 401, the DoD is authorized to conduct limited activities intended to complement the developmental assistance programs implemented by the Department of State (Meyer and Bill, 2002, 275). The intent of the law is not only to provide assistance, but also to improve civilian-

military relations, local security, and training. The statute gives the authority to complete four specific small-scale humanitarian actions; medical, dental, and veterinary care provided in rural areas; construction of rudimentary surface transportation systems; well-drilling and basic sanitation facilities; and rudimentary construction and repair of public facilities.

An important financial and coordination tool is the Acquisition and Cross Service Agreements (ACSA). The ACSA provides a flexible and expedient method to acquire logistic support, supplies, and services without the need to engage lengthy Foreign Military Sales programs or traditional commercial contracting procedures. The Operational Law Handbook explains that pursuant to 10 USC section 2341-2350, after consulting with the Department of State, DoD may create agreements for reciprocal provision of supplies and services with NATO countries, NATO subsidiary bodies, other eligible countries, the UN, and international regional organizations (Meyer and Bill, 2002, 272). These agreements are especially pertinent to this study as they may provide a prearranged framework defining authority to interact with NGOs. Although the legal framework is complex, the ACSA and other legal structures can provide the legal authority for civil-military operations. However, this in complex humanitarian emergencies, the medical and medial logistics missions of the stakeholders are very different.

Mission.

The information from comparison finds that systematic interaction between the medical logistics assets of the military and NGOs is not significant, nor may it be appropriate. The military is focused on high-quality care and a responsive logistics

system that supports line-item ordering and specialized surgical care. NGOs have a wide range of healthcare missions that are all focused on the needs of the local population. Complex humanitarian emergencies will require minimal care for large populations. As described in the selected organizations, large NGOs, together with the established partnerships, have sufficient assets to develop and prepare medical kits for emergencies. Scenarios that are large enough to warrant military intervention may require transportation and logistics assets, but not necessarily medical logistics assets found at the operational level. At the other extreme, NGOs will implement developmental health programs in local communities. If such programs are being conducted then there will be other official sources providing the necessary medical logistical support. Assisting developmental programs with medical logistics may compromise the neutral status of relief organizations. Also, such aid is not consistent with military doctrine such as Joint Publication 3.0 *Operations*, which states the military should transition to civilian agencies as soon as possible.

Military Support to NGOs.

As noted by Colonel (Retired) Robert Leitch in a paper prepared for a conference on civil-military relations, “Although there are similarities between humanitarian relief operations undertaken by the U.S. military during the past decade these are more than outweighed by their differences” (Leitch, 1998, E9-4). Because each operation is unique, it is impossible to accurately predict the requirements of future FHA in detail. This study does not claim that the selection of NGOs examined, and the data selected to those NGOs, will identify trends but only clarify concepts. As discussed above, direct support of medical logistics functions is not the critical task, as structures exist to prepare the

necessary medical material. Planning should focus on the unique functions and the unique logistics and medical capabilities that the military possesses.

First, the data presented in this study found that security is a consistent requirement for NGOs. It is self-evident the military must accomplish the unique function of performing combat operations and ensuring a secure environment is created. The next step, is to determine what additional logistical support is required. Transportation and engineering support is frequently identified. A study of the U.S. response to complex emergencies described an example of military and NGO coordination: “Division of labor based on comparative advantage has been practiced; for example, in 1994, NGOs in Rwanda focused on ‘retail’ aid distribution while the U.S. military performed ‘wholesale’ logistics functions” (Lute, 1998).

Pertinent to this study is the planning for medical support. Military medical assets are primarily designed to respond to acute injury, life and limb saving measures, and the rapid evacuation out of theater. These skills are not suited for the health needs for a large, displaced or weakened population. Medical support, however, can be extended to selected civilians. For example, the CMOC currently in Afghanistan reported that health care has been extended to official civilian staff, essential contractors, Peace Corps staff, and Red Cross staff. Potential medical support that serves the afflicted populace or supports the efforts of relief organizations, however, should focus on public health. In support of this argument, researchers Steven Hansch and Brent Burkholder state the following.

What is most sorely lacking in complex emergencies is not medical clinicians but experienced team leaders, health educators and water and sanitary engineers. Despite the public image of trained clinicians saving lives in a field hospital, those

professionals who can enter a chaotic environment and determine the best way to demarcate sanitation areas in camps, chlorinate public water supplies, drain swamps, and negotiate participation of the population in public health campaigns are the key factor that determines the success of an operation. (Hansch and Burkholder, 1996, 7)

This quote is consistent with the data from the selected NGOs in which examples emphasized the need for public health services including water and sanitation engineers. Therefore, the discussion of medical support should be expanded beyond medical logistics. In order to support the medical activities of NGOs, the planning must consider the equipment and expertise that the military can rapidly deploy that support all types of public health projects.

Interagency Coordination.

The data presented in the comparison consistently reflected that funding from the U.S. Government, and other sources, empowered the NGOs and their medical logistics capabilities. Additionally, the data conveyed the sensitive nature of interaction between NGOs and the military because NGOs must guard their neutrality. These findings, combined with the aforementioned differences in mission, scope of operations, and unique capabilities, further separate the military's medical logistics capabilities from private relief organizations. Other government agencies have the lead role in coordinating with private relief agencies.

The Department of State is the lead U.S. foreign affairs agency charged to advance U.S. objectives and interests by developing and implementing the President's foreign policy. It also supports the foreign affairs activities of other U.S. Government entities including the Department of Commerce and the Agency for International Development. In accordance with there stated policy, the Department of State has the

primary role in five areas: leading interagency coordination in developing and implementing foreign policy; managing the foreign affairs budget and other foreign affairs resources; leading and coordinating U.S. representation abroad, conveying U.S. foreign policy to foreign governments and international organizations through U.S. embassies and consulates in foreign countries and diplomatic missions to international organizations; conducting negotiations and concluding agreements and treaties on issues ranging from trade to nuclear weapons; and coordinating and supporting international activities of other U.S. agencies and officials.

The Department of State is comprised of permanent representation to the UN and numerous offices. The six under secretaries are divided into Political Affairs, Economic Business and Agricultural Affairs, Arms Control and International Security, Public Diplomacy and Public Affairs, Management, and Global Affairs. Although foreign policy is, of course, a complex, coordinated effort, three offices are noteworthy to this study. The Under Secretary for Political Affairs controls the Bureau of International Organization Affairs that implements the policies of the U.S. Government within the United Nations and its affiliated agencies, as well as within certain other international organizations. Within the Undersecretary for Arms Control and International Security is the Bureau of Political-Military Affairs that manages political-military relations throughout the world, including training and assistance for foreign militaries, and works to maintain global access for U.S. military forces. Within the Undersecretary for Global Affairs is the Bureau for Population, Refugees, and Migration that coordinates the Department's policy on global population, refugees, and migration issues and manages migration and refugee assistance appropriations.

The USAID is an independent agency that receives general direction and overall foreign policy guidance of the Secretary of State. USAID works to advance U.S. foreign policy objectives of “shaping a freer, more secure, and more prosperous world” by focusing its programs in five interrelated areas; Improving health and population conditions; Protecting the environment; Promoting economic growth and agricultural development; Building human capacity through education and training; and Supporting democracy (Department of State, 2002a).

In addition to providing humanitarian assistance, USAID promotes democratic values and international cooperation and helps establish economic conditions that expand markets for U.S. goods and services in developing countries. The agency funds technical assistance and commodity assistance, trains thousands of foreign students each year at American colleges, and supports development research. USAID also enlists the collaboration of the American for-profit private sector, non-governmental and private organizations, and universities in its programs. Foreign assistance programs, funded by a mere fraction of the 1 percent of the total federal budget that goes to all foreign affairs programs, have ultimately put more dollars into the pockets of American taxpayers than they have ever taken out, because money spent on foreign assistance programs is usually spent in the U.S.--in the form of purchases of food to be sent overseas, in spending on equipment and services sent overseas. Nearly 80 percent of U.S. Agency for International Development contracts and grants go to U.S. firms for such purchases (Department of State, 2002a).

Primary Research Question.

How should U.S. commanders plan to use their military capabilities to support the medical logistics activities of NGOs in future FHA? Relief efforts benefit from effective unity of effort between governmental, non-governmental, and military operations. To promote effective relationships, the military's role must be clearly defined and must emphasize its unique military capabilities. Providing security is a notable example, especially in the increasing probability of peace enforcement operations in failing states. In FHA, Commanders should plan on providing some logistical support directly to NGOs; the functions most frequently noted in this study are transportation, engineering, and personal support for civilian staff. A consistent finding in complex humanitarian efforts is the vital importance of potable water and basic sanitation. In many cases, that is the most significant contribution to healthcare.

Interaction between the medical logistics activities of the military and NGOs is limited and rare. The military's medical assets are different from that of NGOs in mission and scope of operations. The exceptional cases in which direct medical logistic support to NGOs is warranted will require extensive interagency coordination to ensure it is legal, consistent with national objectives, and funded appropriately. Finally, a key finding is that the important question may not be how to plan but when. Commanders should plan on using military assets to assist NGOs but the planning must be done early. The definition in Army Field Manual 8-42 *Combat Health Support in Support and Stability Operations* deserves repeating; the challenges faced in stability and support operations are so "complex and of such magnitude that no single agency can overcome them" (Department of Army, 1997, 1-2). Interagency coordination is critical to successful relief

operations. Key logistical considerations must be addressed early in the planning process to ensure resources and funding is available when it is needed.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

The preceding chapters clearly illustrated the complex nature of the interaction between the military and NGOs. Despite that challenge, several conclusions and recommendations stand out. Taken together, the findings emphasize the challenges that military leaders must prepare to face in future operations. Because the national military strategy is linked to the success of relief and nation building efforts, it is important that military leaders understand the mission, capabilities, and requirements of NGOs. This understanding will allow Commanders to obtain unity of effort with all participants and help ensure the success of foreign policy objectives. In general, the conclusions of this study find that doctrine and organization exist to provide necessary coordination and support of NGOs. However, the investigator recommends that training and leader development programs are expanded in order to effectively use the CMOC and existing staff organizations.

The diverse challenges of relief efforts, and the even greater diversity of NGOs, created a multifaceted problem to study. The focus was narrowed to medical logistics capabilities and qualitative methods were selected. The objective for this research was limited to concept clarification. Nevertheless, the disparate perspectives of the stakeholders, military, NGOs, and other relevant government agencies remained complex and a broad understanding and discussion was required.

Studies of the national security environment identified the need to create stability as a means to mitigate the threat of terrorism, avoid armed conflict, and protect U.S.

interests. Instability, specifically the menace of a failed state, was identified in the National Security Strategy as a more likely threat than aggressive adversaries. Official documents and military doctrine state that the immediate success of FHA and the long-term success of NGOs are vital to national goals. Therefore, the prominent role of FHA in military strategy is likely to continue. Since the fall of the Berlin Wall in 1989, doctrine has evolved and the CMOC has become the center of coordination within a JTF. The staff of the CMOC faces challenges due to the fundamental differences between the military and relief organizations. Additionally, the uniqueness of each mission and the diversity of NGOs pose a challenge to military planners. After examining the medical logistics of the Army and selected NGOs, the investigator draws three broad conclusions concerning how U.S. Commanders should plan to use their military capabilities to support the medical logistics activities of NGOs. Although they are broad concepts, several recommendations can be extracted for JTF commanders and, more specifically, medical planners.

Conclusions

The first conclusion addresses the need to obtain unity of effort. The cultural differences of the military and NGOs create friction, but that does not prohibit cooperation. As concluded by a study of military-NGO interaction, “Neither organization, however, stands or falls on the issue of whether that cooperation is perfect, or conflict is entirely absent” (Arnold, 1996, 89). The diverse characteristics that create friction serve the mission and structure of both organizations. The obvious concept, critical to planning, is allowing each organization to function--cooperating towards shared goals. Although military and civilian healthcare providers share a medical ethos,

the cooperation should remain limited. The analysis emphasized the difference in medical missions and beneficiary populations. Specific to medical logistics, unity of effort is most likely to be gained by the military's non-medical logistical functions facilitating the work of NGOs. The research discussed the difference in medical logistics capability by comparing high quality healthcare, with line-item ordering sought by the military, versus the life-sustaining or preventative health requirements most critical in disaster relief. Additionally, the differences were highlighted by the sheer scope of the mission. The U.S. military is not structured, or funded, to handle the size or duration of major humanitarian emergencies. For example, the UNHCR estimates that 600,000 refugees will be created by the conflict in Iraq, similar to the crisis created by the war in 1991 (UNHCR, 2003). In response, the ICRC has pre-positioned sufficient medical supplies to cover the basic health needs of about 180,000 persons and to provide hospitals with surgical materials for the treatment of up to 7,000 war-wounded civilians. The ICRC is planning, if necessary, to mobilize the supplies needed to assist up to 500,000 people for a longer period. (ICRC, 2003).

The second conclusion is that planning must be done early and cooperatively. The goals and objectives from FHA are derived from foreign policy objectives established by Department of State. The JTF's ability and authority to coordinate with NGOs will be largely determined prior to formation of the JTF. For example, funding for UN missions is clearly defined by the Terms of Reference negotiated prior to the assignment of any troops. The UN will not reimburse actions by any participating country not specified on that document. Another example is the final authority that the host nation and Department of State, specifically the ambassador, have over the CMOC. As described in Joint

Publication 3-07.6 *Joint Tactics, Techniques, and Procedures for Foreign Humanitarian Assistance*, although the CMOC is the primary point of contact for NGOs, and is tasked with screening and validating requests for assistance, requests for support will be prioritized by the host nation or the lead U.S. agency for the operation (Department of Defense, 2001b, III-2). In order to obtain unity of effort and establish meaningful coordination with NGOs, the JTF Commander must understand that the mission will be defined early through interagency coordination.

The final conclusion clarifies what type of military capabilities should be directed to support the medical logistics activities of NGOs. Even within the narrow study of medical logistics, the discussion is difficult because of the diversity of FHA missions and NGO capabilities. It is helpful for planners to understand three concepts. First, in accordance with doctrine discussed previously, the military will have a very limited role in humanitarian missions. Second, military action is moderated by strict legal and fiscal constraints. Exceptions, such as providing military supplies or excess material to civilians, require extensive and high-level Department of Defense approval. Finally, the military's cooperation with NGOs must focus on its unique capabilities and unique strengths. Research in NGOs reveals sophisticated medical planning and wholesale logistics, exemplified by the warehouses of pre-packaged material prepared by MSF or ICRC. The strength of the military is found in the security, movement control, and transportation assets that would allow an NGO to enter the area and begin work. The most critical medical functions address the immediate needs of large displaced populations that can mitigate disease. Certainly, military professionals can assist through epidemiology, veterinary services, medical intelligence, and direct medical humanitarian

aid. However, the greatest impact will be from the military's ability to quickly insert the logistical and engineering assets required for sanitation, water purification, shelter, and basic life-sustaining needs. Therefore, the final conclusion reinforces the concept that, given sufficient financial support, NGOs have the means to obtain and prepare medical supplies at the strategic level. Except in rare cases, the military's support to NGOs concerns the physical lift and delivery of medical supplies, and armed operations that provide a secure environment in which NGOs can work.

Recommendations

The findings of this project endorse the current doctrine and established structures that are in place to facilitate civilian-military coordination. Additionally, the findings are consistent with literature from military leaders that promotes greater understanding of NGOs. Therefore, the primary recommendation is that greater understanding of the mission, capabilities, and requirements of NGOs must be included in officer leadership development programs. The required knowledge must go beyond the general characteristics of NGOs or broad guidance of many manuals. Rather, officers who are likely to serve on the staff of a Crisis Action Team, JTF, or CMOC should have detailed understanding of specific organizations, case studies, and interagency processes. To that end, the following recommendations do not focus on altering the doctrine, but rather address the training or force development processes that may improve medical planning in FHA.

Multifunctional Logistics.

The study of complex humanitarian emergencies quickly reveals that medical treatment is only one aspect of effective medical plans. As discussed, non-medical

functions, such as providing potable water, sanitation, food, and shelter are critical to solving and preventing medical emergencies. Additionally, support functions such as air and sea lift, transportation, movement control, security, and engineering are critical contributions of the military. Medical planning must integrate non-medical logistics. This has two elements. First, the findings of this project support the concept of multifunctional logisticians. Similarly, this study supports the integration of many different specialties during medical planning because complex humanitarian emergencies rely on a broad range of logistical functions. Isolating medical logistics without discussing transportation and other critical logistics functions is not effective.

Field Manuals.

As noted in the literature review, the Army field manuals concerning combat health logistics did not adequately address interaction with the CMOC or NGOs. Specifically, U.S. Army Field Manual 8-42 *Combat Health Support in Stability and Support Operations*, and U.S. Army Field Manual 4-02.1 *Combat Health Logistics* provide only a single reference to NGOs. Even if there is not a significant need for direct support or interaction between the military and NGO medical logistics, it is a significant topic. In order to support future FHA, the Army doctrine should consistently reinforce the knowledge and skills required by JTF and CMOC staff officers. Additionally, even if there are no instructions or doctrine specific to the AMEDD, the Army Field Manuals should reference the appropriate Joint or Department of State publication. The cross-references would raise the awareness of civil-military operations and reflect the importance that NGOs and interagency coordination plays in military strategy. The following suggestions provide topics for the two Field Manuals mentioned above.

1. U.S. Army Field Manual 4-02.1 *Combat Health Logistics*, 28 September 2001.

Chapter III, Combat Health Logistics, should include a section that describes the relevant fiscal law. Specifically, the concept of positive authority for expenditures should be discussed because of the increasing number of joint, combined, and civil-military operations. A new appendix devoted to FHA should be added with at least three sections: planning considerations for complex humanitarian operations; organizational and command structures; and coordination with other governmental organizations and NGOs.

2. U.S. Army Field Manual 8-42 *Combat Health Support in Stability and Support Operations*, October 1997. Appendix B, Interagency Operations, should be expanded: Currently it consists of only one short paragraph on NGOs. Because the Department of State relies extensively on the NGOs, the discussion should include topics such as government funding for private relief organizations; capabilities of selected private organizations; and civilian standards in relief practices. Additionally, Appendix B should include a section on improving interagency coordination and training prior to operations.

Training Curriculum.

The strongest recommendation of this study is that meaningful training techniques must be used to prepare leaders for future support or humanitarian operations. Acknowledging that civil-military operations are complex and planning is ad hoc is not enough. Since it recognized as an important component in current military strategy, the study of NGOs and relief agencies must continue to be refined and included in leader development programs. Although many official sources advocate the study of NGOs, the investigator did not discover a recommended training plan.

The urgency of relief operations may require officers to be assigned rapidly to a JTF or planning team. A concise distance learning course, or list of references, could be developed, reviewed by appropriate offices, and made available through knowledge management systems. To that end, the following list provides recommended reading for medical planners interested in the interaction between the military and NGOs' medical activities. This short list of references is available through the Internet and could be a resource in an officer professional development program.

1. Joint Publication 3-07.6 *Joint Tactics, Techniques, and Procedures for Foreign Humanitarian Assistance*, 15 August 2001. This publication provides doctrine on the military's involvement in complex humanitarian efforts. In order to understand command relationships, the study can focus on Chapter I, "Organization and Interagency Coordination" and Chapter II, "Joint Task Force Level Organization and Coordination."

2. *Operational Law Handbook*, 2002. Logisticians should understand the legal basis and funding authority for humanitarian operations in order to effectively coordinate with resource managers. Reading can be focused on chapters discussing fiscal law and humanitarian assistance operations.

3. RAND Institute Study MR773-A, *Army Medical Support for Peace Operations and Humanitarian Assistance*, 1996. This study examines the AMEDD's performance in past operations and discusses the future role for military medicine in humanitarian assistance. Of particular interest may be the discussion of why medical missions tend to expand during peace operations. Logisticians can focus their reading on the conclusions, specifically the section on support requirements for operations other than war.

4. Interaction (www.interaction.org) and ReliefWeb (www.reliefweb.org). By scanning these websites, officers will gain information about current relief efforts and insight into the coordination between governments and NGOs. Interaction, or the American Counsel on Voluntary International Action, is an alliance of over 160 U.S.-based nongovernmental development and humanitarian organizations. ReliefWeb is a knowledge management project of the United Nations Office for the Coordination of Humanitarian Affairs.

Interagency Collaboration.

As the doctrine for civil-military operations continued to develop in the 1990s, efforts have been made to include NGOs in field training and professional conferences. The findings of this research advocate such collaboration - especially those training programs that improve interagency cooperation. Due to budgetary and manpower constraints, it is often difficult to justify leader development programs that have long-term or intangible benefits. However, interagency coordination should be considered a core competency in support and stability operations. Specific recommendations for training include certification for Disaster Assistance Response Team or Combined Humanitarian Assistance Response Team.

In addition to increasing training on interagency coordination, the military should establish consistent and meaningful relationships with governmental agencies at the operational level. This investigator does not imply that interagency coordination has not, or does not, occur. However, in accordance with doctrine, the response to complex humanitarian emergencies relies on ad hoc relationships and staff organizations such as a crisis action team or humanitarian operations center. The creation of ad hoc staff

organizations is not consistent with the complexity of humanitarian crisis or depth of knowledge required of staff officers. Joint Publication 3-08 *Interagency Coordination During Joint Operations* emphasizes that it is “extremely important” that liaison officers have solid knowledge of the region and organizations (Department of Defense, 1996b, III-21). Particularly relevant to medical planning, it recommends assigning a military liaison with the Disaster Assistance Response Team (Department of Defense, 1996b, III-20). The investigator concurs with those statements and further recommends that the Combatant Commander’s staff create consistent relationships with their Department of State counterparts. Military staff officers could participate in the planning during emerging crisis before formal requests for military planning is passed to DOD. Proactive relationships will help address funding and logistics. It will also exercise the close coordination necessary when military intervention is required. Conversely, it is imperative that Department of State representatives are involved throughout military planning. Current events illustrate the importance of interagency planning. For example, in Afghanistan and Iraq, humanitarian aid provided by the non-military organizations has been required during military combat operations. Improving interagency coordination will demand increased resources; however, the force development must recognize the importance of FHA in successful military operations and security strategy.

Suggestions for Further Research

The investigator recommends further research into the relationship between the military and NGOs, but provides several cautions. Primarily, heed the warnings concerning the complexity of this topic. A future study could further narrow the subject beyond just medical logistics, to study blood products, medical maintenance, pharmacy,

or similar topics. A future study could also focus on just one type of stability or support operation, such as disaster relief; or focus on one relationship, such as the military's contact with USAID, UN, or the ICRC. Additionally, the interaction between the military and NGOs may benefit from research methods that use case studies or interviews. Such narrow research could improve specific tactics, techniques, or procedures. However, in order to uncover specific details from private organizations, future research may have to obtain official sponsorship or funding. The most prominent NGOs, such as the ICRC and MSF, receive numerous requests for information and they must prioritize the time they spend on assisting researchers.

This research uncovered numerous topics that influence the success of FHA and NGOs. Because of the dramatic changes brought on by globalization, the war on terrorism, and Army Transformation, stability and humanitarian relief have been identified as a key element of national security. Therefore, the investigator believes the relationships between political and military operations are more critical than ever before. Many intriguing topics and tangents were not discussed due to time and space limitations. In order to be pragmatic, two suggestions are offered for further research on the role of medical logistics in FHA:

1. Identify what core competencies are required of medical logisticians in future FHA. This research is relevant for many reasons. Because this study emphasized non-medical logistics as the critical element in supporting NGOs, the AMEDD should examine commitment to develop multifunction logisticians. Similarly, disaster relief requires large-scale distribution of basic healthcare supplies that is quite different than the high-quality care pursued by military medical units. The assessment of medical needs and

the preparation of medical sets at the strategic level requires skills quite different than those needed for distribution at the tactical level. Additionally, the Army Transformation seeks to reduce the logistical footprint and yet, maintain agility, versatility, and dominance across the full spectrum of operations. Changes to organizations and personnel systems must consider the core competencies that will be required in the future.

2. Identify the requirement for leader development programs that improve FHA.

Based upon this research, it is valid to recommend that the military increase training programs that improve interagency and NGO cooperation. Further research is required to examine the strengths and weaknesses of current programs. There are many relevant research questions. Are current programs sufficient to develop the skills required to respond to complex emergencies and FHA? How can staff officers in a Crisis Action Team, or a CMOC, use military and civilian knowledge management tools more effectively? Are civilian courses, such as certification for Combined Humanitarian Assistance Response Team or training sponsored by the ICRC, relevant for military officers?

Current operations in Afghanistan and Iraq illustrate the importance of further research into this topic. In both conflicts, the stated goal of the United States was not only to obtain a military victory, but also to liberate the people, providing humanitarian assistance and nation building operations. The national security goals are intertwined with the altruistic goals of private relief agencies. This project examined just one strand of a complex web that links dissimilar organizations. The conclusions are broad and consistent with current doctrine. The value of this study is the incremental refinement of

information that will develop future doctrine and the dissemination of knowledge concerning this important topic.

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